Complete if Known Substitute for form 1449/PTO **Application Number** 10/810,891 Filing Date 3/29/04 INFORMATION DISCLOSURE First Named Inventor Mitsuru IKEDA STATEMENT BY APPLICANT Art Unit 3651 (Use as many sheets as necessary) **Examiner Name** BidweLL Sheet Attorney Docket Number 36856.1231

			U.S. PATE	NT DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number	Publication Date MM -YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where
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Examiner Initials*	Cite No.1	Foreign Patent Document Country Code*Number-Kind Code *(if known)	Publication Date MM -YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Ţ6
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Examiner Signature	AK Brau	iell	Date Considered	7/7/05	

^{*}Examiner: Initial if reference considered, whether of not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

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